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**CONFIDENTIAL**

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**URGENT URGENT URGENT**

**TO:** Latrice Simes

**FROM:** Adalbert Garcia Maynez (Office Manager for Dodds & Associates)

**RE:** Refund request sent on March 31<sup>st</sup>, 2005

**DATE:** November 15<sup>th</sup>, 2005

**PAGES:** 2 including cover page

Please find the attached refund request sent to your office back in March 31<sup>st</sup>, 2005. It is possible you did not receive it for some reason. We would respectfully request your attention to this matter. Thank you.

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**CERTIFIED MAIL**  
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**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria VA 22313-1450**

Washington D.C. March 31<sup>st</sup> 2005

**Appl. No. 10/050,393**  
**Inventor: Marvin Byrd**  
**Confirmation no. 6190**

Dear Sir/Madam;

By a mistake we have paid the issue fee and publication fee of the above mentioned patent application twice. The first check number 2190 for \$985.00 was dated January 7<sup>th</sup> 2005 and the second check number 2191 for \$985.00 was dated January 10<sup>th</sup> 2005.

Since the applicable issue fee currently is \$700.00 and the publication fee is \$300.00 we obviously should have paid \$1000.00. To correct this mistake we hereby amend the first payment of January 7<sup>th</sup> 2005 with \$15.00 which amount is covered by the check enclosed.

I respectfully request refund of the extra \$985.00 that was paid by check number 2191 on January 10<sup>th</sup> 2005. A direct bank deposit should be to Dodds & Associates Acct No. 700329978, ABA No. 051000020, Bank Address SunTrust Bank, 7818 Parham Rd, Richmond, VA 23285.

Attached are copies of the previous checks as well as the notice of allowance. I also attach a copy of certificate of my limited recognition under 37 CFR 11.9(b) as a proof of my capability to file this document.

Yours truly,

Leea Susanne Somersalo

cc. file

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SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece or on the front if space permits.</p>		<p>A. Signature <b>X</b> <b>RECEIVED</b> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>APR 04 2005</b> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No</p> <p><b>USPTO MAIL CENTER</b></p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COD</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
1. Article Addressed to <b>HAD STOP ISSUE FEE</b> <b>COMMISSIONER FOR PATENTS</b> <b>P.O. Box 1150</b> <b>ALEXANDRIA, VA 22313-1150</b>		2. Article Number 7004 0550 0000 9116 9919	
PS Form 3811, February 2004		Domestic Return Receipt <b>BYRD, HARVIN</b> 102595-02-44-1540	

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